

# Texas Board of Nursing

333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944

Phone: 512-305-7400 -- Web Site: [www.bon.state.tx.us](http://www.bon.state.tx.us)

## Verification of Licensure for Temporary License/Endorsement Application for Licensed Vocational Nurses

A P P L I C A N T	APPLICANT: Complete this section of the form and forward it to the state in which you were licensed. There may be a fee charged for completion of this verification form. You may wish to contact the State Board before forwarding this form for completion.		
	Name: (Last, First, Middle)		Maiden Name
	Address: (Street, City, State and Zip Code)		
	Name of Basic Nursing Program		Date of Graduation
	Type of Basic Nursing Program: <input type="checkbox"/> VN/PN Program <input type="checkbox"/> RN Associate Degree <input type="checkbox"/> RN Baccalaureate Degree <input type="checkbox"/> RN Diploma Program <input type="checkbox"/> RN Program-Enrolled Undergraduate <input type="checkbox"/> Other		
	Original License No.	Date Issued	Social Security No.
	I hereby authorize the _____ Board of Nursing to furnish the Texas Board of Nursing the information requested below.		
	Date: _____		Signature: _____
	<b>DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY ONLY</b>		
	B O A R D	This is to certify that the above named individual was issued license number: _____	
to practice Vocational/Practical Nursing on: _____ (Date of Licensure)			
Licensed by:		Examination _____ Endorsement _____ Waiver _____	Current licensure status: Active _____ Inactive _____ Delinquent _____
Date License Expires: _____			
Has this license ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation) YES _____ NO _____ If yes, attach certified copy of order(s).			
Examination results: SBTPE/NCLEX form _____ Results _____ Board Constructed _____ Score _____			
Nursing Education Program completed: _____			
Location: _____ Graduation Date: _____			
Was school of nursing <u>state</u> approved at the time of graduation? YES _____ NO _____			
Is school currently open? YES _____ NO _____			
(SEAL)			
Signature: _____			
Title: _____			
State: _____ Date: _____			